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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/925,715 08/10/2001 PAT 6,680,047 which is a CON of 08/959,206 10/28/1997 PAT 6,331,289  
 which claims benefit of 60/049,263 06/07/1997 \*  
 and claims benefit of 60/049,264 06/06/1997  
 and claims benefit of 60/049,266 06/07/1997  
 (\*)Data provided by applicant is not consistent with PTO records.

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

UNITED KINGDOM 9622366.4 10/28/1996  
 UNITED KINGDOM 9622369.8 10/28/1996  
 UNITED KINGDOM 9702195.0 02/04/1997  
 UNITED KINGDOM 9708265.5 04/24/1997  
 UNITED KINGDOM 9711837.6 06/06/1997  
 UNITED KINGDOM 9711839.2 06/06/1997

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/19/2004

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NORWAY	SHEETS DRAWING 0	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

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**TITLE**

Diagnostic/therapeutic agents

<b>FILING FEE RECEIVED 1206</b>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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